U9/21/20U5 UU:42 86452/U443

HERLONG FINANCIAL

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EMPIRE

Sep. 21. 2005 12:00PM Market Finders SC

FIRE and MARINE INSURANCE CO. INDEMNITY INSURANCE CO.

EXECUTIVE OFFICES

1524 DOUGLAS STREET OMAHA, NEBRASKA 68102 CERTIFICATE OF INSURANCE

- I Hankada						
MAMED INSURED AND ADDRESS AMERICAN INVESTIGATIVE SERVICES LLC 1502 RUTHERFORD RD GREENVILLE SC 29607 AGENT MARKET FINDERS INSURANCE CORPORATION P O BOX 16509 GREENVILLE, SC 29606						DRPORATION
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW MAYE BEEN ISBRUED TO THE NAMED INSURED FOR THE POLICY PERIOD INDICATED, NOT WITHETAND ING ANY REQUIREMENT, TEERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISBUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERBIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.						
TYPE OF INSURANCE	POLICY NUMBER	POLCIY SFFECTIVE DATE (MM/DD/YY)		POLICY EXPIRATION DATE (MM/OD/YY)	ALL LIMITS IN THOUSANDS	
GENERAL LIABILITY					GENERAL AGGRES	
PREMISES/OPERATORS PRODUCTS/COMPLETED OPERATIONS					PERSONAL & ADVE	
CLAMB MADE COQURENCE	!				EACH OCCURENCE	
OWNER'S & CONTRACTORS PROTECTIVE					FIRE DAMAGE (AN'	YONE FIRE) 3 (ANY ONE PERSON) \$
AUTO LIABIUTY NON-TRUCKING			,		COMBINED SINGLE LINIT	\$1,000,000
ALL OWNED AUTOS X SCHEDULED AUTOS	CL236129	9/1	9/05	9/19/06	BOOILY INJURY (PER PERSON)	\$
HIRED AUTOS		2, , ,	, 05	37 137 00	BOOKLY INJURY	
NON-OWNED AUTOR GARAGE LIABILITY					PROPERTY	\$
					CAMAGE	\$ DUCTIBLE
CARGO TRUCKMEN LEGAL LIABILITY	•				© \$250 E SUBJECT TO SEPE	
AUTO					CONTIBION +	
PHYSICAL DAMAGE						Provenac Frontings
					• SUBJECT TO STAT	FED AMOUNTS ON SCHEDULE BELOW OOS SACH CLAIM
PROFESSIONAL LIABILITY					•	,000 EACH AGCREGATE
OTHER	- Anna Carlos	·····				
SCHEDULE OF AUTOS OR CLASSIFICATIONS VEHICLE SCHEDULE ON FILE WITH COMPANY						
In the event of any material change in, or cancellation of, said policies, the undersigned company will endeavor to give $\frac{10}{10}$ days written notice to party to whom this certificate is issued, but failure to give such notice shall impose no obligation nor liability upon the company.						
Dated 9/19/05 JA			Name of	ame of pr		
CERTIFICATE ISSUED TO:				Company	L Empire inder	nnity Insurance Company
		\neg				
SC OFFICE OF REGULATORY and STAFF ADDRESS PO BOX 11263 Authorized Regulatory						presentation and the
COLUMBIA S	C 29211	İ				